## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

NAME OF COMMITTEE (IDENTIFICATION NUMBER \ AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL  Check if	Schedule E)         PAGE 1 OF 1           FOR SE OF FORM 24/48				
Check if   24-hour report	NAME OF COMMITTEE (In Full)				
New report   Amends report filed on   Date of Public Distribution/Dissemination   Date of Public Distribution   Date of Public Distribution   Date of Disbutisement or Obligation   Date of Disbutisement   Date	AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL				
Full Name of Payee  Mailing Address  Green Gene  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate  City State Zip Code Description  Category/ Type  Date of Public Distribution/Dissemination  02 2 2 2 2 2016  Amount  Date of Public Distribution/Dissemination  02 2 2 2 2 2016  Amount  City State Zip Code Category/ Type  Calendar Year-To-Date Per Election for Office Sought  Date of Public Distribution/Dissemination  Transaction ID: WFT20161251059-1 Date of Disbursement or Obligation  Full Name of Federal Candidate  Calendar Year-To-Date Per Election for Office Sought  Date of Public Distribution/Dissemination  Transaction ID: WFT20161251059-1 Date of Disbursement For					
Mailing Address 1901 L Street, NW  City State Zip Code Washington DC 2036  Purpose of Expenditure Mailing Category/ Mailing Category/ Name of Federal Candidate  Calendar Year-To-Date Per Election for Office Sought  Category/ Type  Date of Disbursement or Obligation  Full Name of Payee  Name of Federal Candidate  City State Zip Code  Date of Disbursement For: Primary Genere  Calendar Year-To-Date Purpose of Expenditure  Category/ Type  Date of Public Distribution/Dissemination  Ball of Support  Category/ Type  Name of Federal Candidate  Category/ Type  Office Sought: House District: 29  Date of Public Distribution/Dissemination  Ball of Support  Category/ Type  Name of Federal Candidate  Category/ Type  Name of Federal Candidate  Category/ Type  Office Sought: House District:  Category/ Type  Other (specify)   Other (specify)   Other (specify)   Other (specify)   It als 48.93  Category/ Type  Other (specify)   It als 48.93  Category/ Type  Other (specify)   It als 48.93  Category/ Type  Other (specify)   Other (specify)   It als 48.93  Category/ Type  Other (specify)   Other (specify)   It als 48.93  Category/ Type  Other (specify)   It als 48.93  It als 48.93  It als 50  Other (specify)   It is a specific or concervation of any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	Check if X 24-hour report 48-hour report New report Amends report filed on				
Mailing Address 1901 L Street, NW    City   State   Zip Code   Disbursement or Obligation   Purpose of Expenditure   Mailing Address   Support   Office Sought   House   District: 29   President   Senate   State   TX	T				
City State Zip Code  Washington D. 20036  Purpose of Expenditure  Mailing Address  Catendar Year-To-Date Purpose of Expenditure  Mailing Address  City State Zip Code  Date of Disbursement or Obligation  Mailing Address  Catendar Year-To-Date Purpose of Expenditure  Mailing Address  City State Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Catendar Year-To-Date Purpose of Expenditure  City State Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Catendar Year-To-Date President Senate State:  Calendar Year-To-Date Sought  Name of Federal Candidate  Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Disbursement or Obligation  Purpose of Expenditure  Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Disbursement or Obligation  Purpose of Expenditure  Disbursement For:  Primary General Candidate  Other (specify) ▶  13348.93		• •			
Purpose of Expenditure   Category/ Type   Date of Disbursement or Obligation		1901 L Street, NW		Amount	
Purpose of Expenditure Mailing Name of Federal Candidate Category/ Type  Name of Federal Candidate Category/ Green Gene Oppose President Senate State: TX  Calendar Year-To-Date Per Election for Office Sought  City State  Zip Code  Date of Disbursement or Obligation  Mailing Address  Amount  City State Zip Code  Date of Public Distribution/Dissemination  City State Zip Code  Date of Disbursement or Obligation  Date of Public Distribution/Dissemination  Date of Disbursement or Obligation  Date of Disbursement or Obligation  Disbursement For: Primary Genera  Category/ Type  Name of Federal Candidate Support Office Sought: Date of Disbursement or Obligation  Date of Disbur	ŀ	City State	Zip Code	13348.93	
Name of Federal Candidate    Support   Calendar Year-To-Date   Category/   Type			20036		
Green Gene  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee  City  State  Category/ Type  Name of Federal Candidate  Calendar Year-To-Date Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Category/ President Senate State:  Per Election for Office Sought  City  Category/ Type  Name of Federal Candidate  Disbursement For: Primary General Category/ President Senate State:  President Senate State:  President Senate State:  13348.93  (b) SUBTOTAL of Itemized Independent Expenditures  Italy  13348.93  Cother (specify)  Italy  13348.93  Italy				M = M / D = D / Y = Y = Y	
Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee  Full Name of Payee  Date of Public Distribution/Dissemination  Mailing Address  Amount  City  State  Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support  Optice Sought:  House District:  Oppose  President Senate  Date of Public Distribution/Dissemination  Office Sought:  Category/ Type  Name of Federal Candidate  Support  Optice Sought:  Category/ Type  Name of Federal Candidate  Support  Optice Sought:  Oppose  President Senate  State:  Category/ Type  Name of Federal Candidate  Support  Optice Sought:  Oppose  President Senate  State:  Oppose  President Senate  State:  Oppose  President Senate  State:  Other (specify)  Italy	ľ	Name of Federal Candidate	X Support	Office Sought:	
Per Election for Office Sought  Full Name of Payee  Date of Public Distribution/Dissemination  Mailing Address  Amount  City  State  Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support  Calendar Year-To-Date Per Election for Office Sought  Cherry  Calendar Year-To-Date Per Election for Office Sought  Cother (specify)   Cother (specify)   Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Comega Melissa  [Electronically Filed]  Date		Green Gene	Oppose	Tresident Senate State.	
Mailing Address  Amount  City State Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Support Office Sought: House District: Oppose President Senate State:  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures.  (b) SUBTOTAL of Unitemized Independent Expenditures.  (c) TOTAL Independent Expenditures.  (d) TOTAL Independent Expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Omega Melissa  [Electronically Filed]  Date  Date O2 25 25 2016			13348.93	2016	
Mailing Address  Amount  City  State  Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Name of Federal Candidate  Support  Oppose  President  Senate  State:  Calendar Year-To-Date Per Election for Office Sought  Category/ Type  Disbursement For:  Primary  Genera  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Omega Melissa  [Electronically Filed]  Date  Date  Date of Disbursement or Obligation  Purpose of Expenditures  District:  Primary  Genera  Other (specify)  13348.93	ľ	Full Name of Payee		Date of Public Distribution/Dissemination	
Category/ Type    Date of Disbursement or Obligation				M = M / D = D / Y = Y = Y	
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Name of Federal Candidate  Support  Oppose  President  Senate  State:  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures.  (b) SUBTOTAL of Unitemized Independent Expenditures.  (c) TOTAL Independent Expenditures.  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.    Disbursement For:   Primary   General Calendar Year-To-Date	-	Purpose of Expenditure	Category/		
Oppose President Senate State:  Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures					
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures		Name of Federal Candidate		Office Sought: House District:	
(a) SUBTOTAL of Itemized Independent Expenditures			Oppose	President Senate State:	
(a) SUBTOTAL of Itemized Independent Expenditures					
(c) TOTAL Independent Expenditures	Otner (specify) ►				
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with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  **Omega Melissa**  [Electronically Filed]**  Date**    Date**	(c) TOTAL Independent Expenditures				
[Electronically Filed] Date 02 25 2016	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
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